

1 Governmental Avenue
Havelock, NC 28532



Phone: 252 444-6404
Fax: 252 463-7181
customerservice@havelocknc.us

DATE: _____

CITY OF HAVELOCK
CUSTOMER SERVICE
APPLICATION TO TRANSFER SERVICES
PHOTO IDENTIFICATION IS REQUIRED

A **\$32.25** ACTIVATION FEE is required to transfer your account. **Activation Paid?** Yes No

CUSTOMER NAME: _____ **Current Charges Paid?** Yes No

Do you have a Bank Draft in place? Yes No (*Your first bill at your new address will not draft*)

Date of Birth: _____ **Driver's License #:** _____ **STATE:** _____

Social Security #: _____ **Home Phone:** _____ - _____ - _____

Cell: _____ - _____ - _____ **Email Address:** _____

DO YOU WISH TO HAVE YOUR BILL EMAILED TO YOU? Yes No Service Order # _____

CURRENT ADDRESS: _____ **ACCT#** _____ **CID#** _____

DISCONNECT DATE: ____ / ____ / ____
Mon-Fri Month Day Year

Please confirm with your rental agency that you can disconnect on your desired day or if they want you to leave it on for a final inspection. If water is turned off and requested to be turned back on, it will be treated as a new account requiring a new application and an additional \$32.25 activation fee will be assessed. By signing below, I agree to these terms.

NEW ADDRESS: _____ **ACCT #** _____

STARTING DATE: ____ / ____ / ____ **TRASH DAY** _____
Mon-Fri Month Day Year

I OWN ___ RENT ___ the new property **LANDLORD'S NAME IF RENTING:** _____

Mailing Address, if it will be different from the new service address: _____

Please allow up to 10 business days for a trash cart to be delivered; you may place your trash curbside on your scheduled pickup day in trash bags until you receive the cart.

PLEASE NOTE: YOUR ACCOUNT # WILL CHANGE. Please inform your bank if you use a bill paying service; please use your new account number if paying your bill online.

You will receive a final bill for your old address; payments made today are not your final charges
UNPAID BALANCES WILL BE TRANSFERRED TO YOUR NEW ADDRESS AND ARE SUBJECT TO LATE AND DELINQUENT FEES. Initial: _____

SIGNATURE: _____ **DATE:** _____

This institution is an equal opportunity provider and employer.

******OFFICE USE ONLY******

Billing Address Update: ___ Deposit Moved: ___ Scanned & Attached: ___ Services Checked ___ Service Order # _____

Added Existing Bank Draft to New Account: _____

Updated 6/17/22 KW